



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• HAD003912888

JAMES RIVER-MASSACHUSETTS INC
701 WESTMINSTER ST
FITCHBURG

MA 01420

INSTALLATION ADDRESS

701 WESTMINSTER ST
FITCHBURG

MA 01420


 U.S. ENVIRONMENTAL PROTECTION AGENCY
 NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

MAD003912888

 JAMES RIVER-MASSACHUSETTS INC
 701 WESTMINSTER ST
 FITCHBURG

MA 01420

 701 WESTMINSTER ST
 FITCHBURG

MA 01420

FOR OFFICIAL USE ONLY

COMMENTS

JAMES RIVER MASSACHUSETTS INC																																																						
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INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)									
MAD003912888																				800818									

Aug 18 1 05 PM '80

I. NAME OF INSTALLATION

JAMES RIVER MASSACHUSETTS INC																																																						
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II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX																																																						
701 WESTMINSTER STREET																																																						
CITY OR TOWN																																																						
FITCHBURG																																																						
ST. ZIP CODE																																																						
MA 01420																																																						

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER																																																						
701 WESTMINSTER STREET																																																						
CITY OR TOWN																																																						
FITCHBURG																																																						
ST. ZIP CODE																																																						
MA 01420																																																						

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)																																													PHONE NO. (area code & no.)									
BURT NORMAN PROCESS ENGINEER																																													617.343.3051									

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																																																						
JAMES RIVER CORP.																																																						
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)																									VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))																													
F = FEDERAL M = NON-FEDERAL																									<input checked="" type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII) <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION																													

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input checked="" type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MAD003912888

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

9	W	M	A	D	0	0	3	9	1	2	8	8	8	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Vice President & General Manager

8/15/80

Please continue on the second page of this form.

IX. DESCRIPTION OF HAZARDOUS WASTES

Enter the four-digit number from the Massachusetts Regulations 310 CMR for each listed hazardous waste which your installation handles. Use additional sheets if necessary.

A. Characteristic Non-Listed Hazardous Wastes. See 30.121 through 30.125. (D codes)

D 0 0 1						
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B. Hazardous Wastes from Non-Specific Sources. See 30.131. (F and M codes)

C. Hazardous Wastes from Specific Sources. See 30.132. (K codes)

D. Commercial Chemical Product Hazardous Wastes. See 30.133. (U codes)

E. Acutely Hazardous Wastes. See 30.136. (P codes)

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X. COMMENTS

☐ Sheet Attached

XI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.

SIGNATURE

Norm E. B O

NAME & OFFICIAL TITLE (type or print)

ENGINEER

DATE SIGNED

9/17/85

FILE NO. _____

DONE BY: _____
DATE: _____

MAINTENANCE FORM

FACILITY I.D. #: MAD003912888

CARD #:

CHANGE: Name Chg:

James River Paper Co. ✓

CARD #:

CHANGE:

waste code D001 ✓

CARD #:

CHANGE:

F2 screen add N-Reg - (2) ✓

CARD #:

CHANGE:

CARD #:

CHANGE:

CARD #:

CHANGE:

CARD #:

CHANGE:

CARD #:

CHANGE:

CARD #:

CHANGE:



JAMES RIVER - MASSACHUSETTS, INC.

P.O. BOX 310, FITCHBURG, MASSACHUSETTS 01420 TELEPHONE: 617-343-3051

*Deleted
EK 12/9*

November 18, 1980

Mr. Gary Siegel
E.P.A. Region I
J.F.K. Federal Building
Boston, MA 02203

EPA ID No.: MAD003912888

Dear Mr. Siegel:

On August 15, 1980 we submitted our hazardous waste generator notification form (EPA Form 8700-12). On Section VI we checked boxes 57, 58, and 59. Since submitting the form, we have decided not to register as a transporter or T/S/D facility.

So that the notification form will correctly identify our hazardous waste activity, please omit boxes 58 and 59 of Part VI and box 63 of Part VII of the notification form.

Sincerely,

Norman E. Burt

N. E. Burt

NEB/js